

EXHIBIT 3-M
Montana Department of Commerce

Rental Set Up and Completion Form
HOME Program (for single and multi-address activities)

Check appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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SET UP RENTAL ACTIVITY

A. General information

1. Name of Participant <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	2. IDIS Activity ID Number: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	3. Activity Name: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
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B. Objectives and Outcomes (for MDOC use only)

1. Objective <input type="checkbox"/> (1) Create suitable living environment <input type="checkbox"/> (2) Provide decent affordable housing <input type="checkbox"/> (3) Create economic opportunities	2. Outcome <input type="checkbox"/> (1) Availability/accessibility <input type="checkbox"/> (2) Affordability <input type="checkbox"/> (3) Sustainability
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C. Special Characteristics

1. Activity Location (Check any that apply) <input type="checkbox"/> (1) CDBG Strategy Area <input type="checkbox"/> (5) Brownfield redevelopment area <input type="checkbox"/> (2) Local target area <input type="checkbox"/> (6) Conversion of nonresidential to residential <input type="checkbox"/> (3) Presidentially declared major disaster area <input type="checkbox"/> (4) Historic preservation area <input type="checkbox"/> (7) Colonia (for AZ, CA, NM, TX only)	2. Will this activity be carried out by a faith-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Activity Information

1. Activity Type <input type="checkbox"/> (1) Rehab ONLY <input type="checkbox"/> (4) Acquisition AND Rehabilitation <input type="checkbox"/> (2) New Construction ONLY <input type="checkbox"/> (5) Acquisition AND New Construction <input type="checkbox"/> (3) Acquisition ONLY				2. Property Street Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. City: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	4. State: MT	5. ZIP Code: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	6. County Code: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Activity Estimates:	
				7. HOME units: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	8. HOME Cost: \$0
9. Multi-Address: <input type="checkbox"/> Yes <input type="checkbox"/> No					

E. Property Owner or Developer Information (ONLY applicable if this is a multi-address activity)

1. Developer Type (check one): <input type="checkbox"/> (1) Individual <input type="checkbox"/> (4) Not-for-Profit <input type="checkbox"/> (2) Partnership <input type="checkbox"/> (5) Publicly Owned <input type="checkbox"/> (3) Corporation <input type="checkbox"/> (6) Other	2. Property Owner or Developer's Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3. Street Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
4. City <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	5. State <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	6. ZIP Code: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	

Rental Completion Form

HOME Program (for single and multi-address activities)

COMPLETE RENTAL ACTIVITY

F. Activity Information. If this is a multi-address activity, make copies of this form so that cost and beneficiary information is reported for each address – Sections H, I, J, K, and L.

1. Activity Type (check one) <input type="checkbox"/> (1) Rehab ONLY <input type="checkbox"/> (4) Acquisition AND Rehab <input type="checkbox"/> (2) New Construction ONLY <input type="checkbox"/> (5) Acquisition AND New Construction <input type="checkbox"/> (3) Acquisition ONLY		2. Property Type (check one) <input type="checkbox"/> (1) Condominium <input type="checkbox"/> (4) Apartment <input type="checkbox"/> (2) Cooperative <input type="checkbox"/> (5) Other <input type="checkbox"/> (3) SRO	3. FHA Insured? (For single-address activities.) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mixed Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Mixed Income? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Completed Units Total Number: HOME-Assisted:	

G. Property Address. (For multi-address activities).

1. Building Name	2. Property Street Address	3. City	4. State	5. ZIP Code	6. County Code
			MT		

H. Units.

1. Of the Completed Units, the number:	Total:	Home-Assisted:
Meeting Energy Star standards		
504-accessible		
Designated for persons with HIV/AIDS		
Of those, the number for the chronically homeless		
Designated for the homeless		
Of those, the number for the chronically homeless		

I. Period of Affordability: If you are imposing a period of affordability that is longer than the regulatory minimum, enter the total years (HOME minimum + additional) of affordability:
 Grantee-imposed period of affordability: years.

J. Costs:

1. HOME Funds (including Program Income)		Totals
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other	\$0	
Total HOME Funds		\$0
2. Public Funds		
(1) Other Federal Funds	\$0	
(2) State / Local Funds	\$0	
(3) Tax Exempt Bond Proceeds	\$0	
Total Public Funds		\$0
3. Private Funds		
(1) Private Loans	\$0	
(2) Owner Cash Contribution	\$0	
(3) Private Grants	\$0	
Total Private Funds		\$0
4. Low Income Housing Tax Credit Proceeds		\$0
5. Activity Total or Total This Address		\$0

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K. Household Characteristics. (Use codes indicated below.)

[illegible]

of Bdrms

- 0 - SRO/Efficiency
- 1 - 1 bedroom
- 2 - 2 bedrooms
- 3 - 3 bedrooms
- 4 - 4 bedrooms
- 5 - 5 or more bedrooms

Assistance Type

- 1 - Section 8
- 2 - HOME TBRA
- 3 - Other federal, state or local assistance
- 4 - No assistance

Occupant
1 - Tenant
2 - Owner
9 - Vacant Unit

Household Size	
1	- 1 person
2	- 2 persons
3	- 3 persons
4	- 4 persons
5	- 5 persons
6	- 6 persons
7	- 7 persons
8	- 8 or more persons

Household % of Median

- 1** - 0 to 30%
- 2** - 30+ to 50%
- 3** - 50+ to 60%
- 4** - 60+ to 80%

Household Type

- 1 - Single, non-elderly
- 2 - Elderly
- 3 - Single parent
- 4 - Two parents
- 5 - Other

Household Race

- 11 - White**
- 12 - Black or African American**
- 13 - Asian**
- 14 - American Indian or Alaska Native**
- 15 - Native Hawaiian or Other Pacific Islander**
- 16 - American Indian or Alaska Native & White**
- 17 - Asian & White**
- 18 - Black or African American & White**
- 19 - American Indian or Alaska Native & Black or African American**
- 20 - Other Multi Racial**

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K. Household Characteristics. (Continued)

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